



The Uniform Certification Agency Certification Application

Regular Mailing Address:

P.O. Box 240606
Memphis, TN 38124-0606
Phone: (901) 678-2388
Fax: (901) 678-2450

Address for Courier and/or

Overnight Deliveries:

University of Memphis
South Campus, Building 48
4111 West Park Loop
Memphis, TN 38111

For Office Use Only

Received Date: _____ Int: _____

☐ Complete

☐ Incomplete

☐ Notarized

☐ Site Visit

☐ Approved

☐ Denied

Certification ID# _____

☐ Processed

General Instructions

When additional space is required, use plain white paper. Properly identify the item referred to by the appropriate number. At the top of each additional sheet and exhibit, state the name of the applicant, date of application and item number. Please answer all questions as completely as possible; if a particular question does not apply to your business operation, write 'not applicable' (NA) in the space provided. You must include all attachments required on pages 6 and 7. The application must be signed, notarized and dated.

Date of Application _____ / _____ / _____ (Month, Day, Year)

NAICS Code (s) _____ 8(a) Certification Number _____ SIC Code(s) _____

Ownership Classification:

- ☐ Minority Business Enterprise (MBE) ☐ Women Business Enterprise (WBE)
☐ Disadvantaged Business Enterprise (DBE) ☐ Joint Venture ☐ Other

I. BUSINESS INFORMATION

Name of Business _____ D&B Number _____

Contact Person _____ Title _____

Business Street Address (also mailing address if different) _____

City _____ State _____ Zip _____

County _____ Area Code _____ Telephone _____

Fax Number _____ E-Mail _____

Date Business Was Established _____ / _____ / _____ (Day, Month, Year)

Has this business ever existed under a different name? If so, list different name(s) _____

List or attach location of all facilities _____

Major products and/or services offered _____

Check One

- ☐ Purchased existing business ☐ Started business
☐ Secured franchise ☐ Merger or consolidation

Other (please specify) _____

Date of Acquisition _____ / _____ / _____ (Day, Month, Year)

Name of Attorney _____ Telephone _____

Business Street Address (also mailing address if different) _____

Name of CPA _____ Telephone _____

Business Street Address _____

Gross annual sales (projected sales, if in business less than one year): _____

Can you supply products/services: ☐ Local ☐ Regional ☐ National

Legal Structure (check one)

☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Limited Liability Company
☐ Other _____

Number of Actual Employees Total Number _____

Male _____ Female _____ Black _____ Asian Indian _____ Hispanic _____

Asian Pacific _____ American Indian _____ Aleut _____ Other _____

Federal ID Number: _____ (or) SSN: _____

Type of Business (check one)

☐ Manufacturing ☐ Professional Services ☐ Construction ☐ Finance
☐ Transportation ☐ Service ☐ Distributorship ☐ Other

II. CUSTOMER BUSINESS REFERENCE

Customer Name _____ Plant _____

City _____ Telephone _____

Buyer _____

Product/Service _____ Dollar Volume \$ _____

Quality Approvals (if applicable) _____

Customer Name _____ Plant _____

City _____ Telephone _____

Buyer _____

Product/Service _____ Dollar Volume \$ _____

Quality Approvals (if applicable) _____

Customer Name _____ Plant _____

City _____ Telephone _____

Buyer _____

Product/Service _____ Dollar Volume \$ _____

Quality Approvals (if applicable) _____

III. BANK AND CREDIT REFERENCES

List Your Bank(s) and Credit References *

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Type of Account _____ Credit Line _____

Name of Bank Officer _____

Title _____ Telephone _____

List Your Bank(s) and Credit References *

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Type of Account _____ Credit Line _____

Name of Bank Officer _____

Title _____ Telephone _____

List Other Credit References *

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Type of Account _____ Credit Line _____

Name of Bank Officer _____

Title _____ Telephone _____

*** Please submit copies of all existing banking resolutions along with signature cards.**

IV. CONSTRUCTION INFORMATION (if applicable)

Trade Specialty _____ Bonding Capacity \$ _____

Bonding Agent * _____

Authorities/Licenses (list all professional licenses) _____

Union Name _____ Union Affiliation _____

Union Local _____

Project Name (most recent) _____ Project Name (largest) _____

Geographical Area _____ Geographical Area _____

Start Date _____ / _____ / _____ Start Date _____ / _____ / _____

Finish Date _____ / _____ / _____ Finish Date _____ / _____ / _____

Dollar Value \$ _____ Dollar Value \$ _____

* Please send copy of bonding certificate

V. TRANSPORTATION INFORMATION (Transportation Carriers Only)

1. Operating Status ☐ Independent Carrier ☐ Common Carrier
2. List the commodities you normally transport 1. _____ 2. _____
3. Operating Authorities ☐ Interstate ☐ Intrastate
4. Insurance Carrier*

Please submit proof of insurance coverage

5. List All Vehicles and Equipment

Vehicles and Equipment _____ ☐ Owned ☐ Leased? Registration No. _____

Vehicles and Equipment _____ ☐ Owned ☐ Leased? Registration No. _____

Vehicles and Equipment _____ ☐ Owned ☐ Leased? Registration No. _____

* Please forward copies of all applicable vehicle titles and/or lease agreements with this application.

VI. TRANSPORTATION INFORMATION (Transportation Carriers Only)

Plant Address _____

City _____ State _____ Zip _____

(Area Code) Telephone _____ Plant Manager _____

Facilities Total Available Space _____ Office Square Feet _____

VII. EQUIPMENT INFORMATION

List your basic operating equipment

1. _____ ☐ Owned ☐ Leased 2. _____ ☐ Owned ☐ Leased
3. _____ ☐ Owned ☐ Leased 4. _____ ☐ Owned ☐ Leased

* Please provide copy of lease agreement(s)

VIII. MANAGEMENT INFORMATION

- A. List the names of each proprietor, partner, officer, director and stockholder. The name listed should include Minority Group Members and Non-Minority Group Members. Under ownership column note if **S** (Stockholder, Proprietor or Partner), **D** (Director) and/or **O** (Officer).
- B. Insert the appropriate code letter below corresponding to the group in which he/she claims membership in accordance with the following:

Ownership Classification

BLM Black American Male	BLF Black American Female	HIM Hispanic American Male
HIF Hispanic American Female	NAM Native American Male	NAF Native American Female
APM Asian-Pacific American Male	APF Asian-Pacific American Female	AIM Asian-Indian American Male
AIF Asian-Indian American Female	WAM White American Male	WAF White American Female
DBE Disadvantaged Business Enterprise		

Name/Title	Handles Daily Management <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership Classification	Percentage of Ownership	Citizen Status 1=By Birth 2=Naturalized Citizen
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. Does the applicant's business have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern?

Check One: ☐ Yes ☐ No

If yes, provide the name, address, and telephone number of the subsidiary, affiliate or parent. Also, describe the relationship of the applicant company to the subsidiary, affiliate or parent. Use a separate sheet of paper.

D. Does the applicant business concern, or any person listed in item VIII (B) above have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of the applicant concern? Check One: ☐ Yes ☐ No

Such agreements include, but are not limited to, management and joint venture agreements, any arrangement of contract involving the provision of such compensated services as administrative services, marketing, production and other types of compensated services. If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.

E. Is the applicant business concern involved in any present or pending lawsuit? Check One: ☐ Yes ☐ No

If yes, provide details on a separate sheet.

F. Is the applicant business concern involved in a bankruptcy or insolvency proceeding? Check One: ☐ Yes ☐ No

G. Have you ever been rejected for certification by any agency? Check One: ☐ Yes ☐ No

If yes, state by whom: _____

H. What other current certification does your company have? _____

THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR CERTIFICATION

Section I. Required Documents for All Applicants

☐ 1. Proof of Minority Status (Birth Certificate, Passport, or Pictured Driver License) and/or evidence of Disadvantaged Status.

☐ 2. Current Financial Statement prepared by an independent CPA or Accountant.

(New business: Projection Statement for 1st year)

☐ 3. Business License (State and Local)

Applicants seeking contracting opportunities with a federal agency or on a federally funded project must submit attachments identified in 4, 5 & 6 below:

☐ 4. Personal Net Worth Statement

☐ 5. Statement of Social and Economic Disadvantage

☐ 6. Prior three (3) years U.S. Individual Income Tax Returns of the individual(s) (combined or individually) owning 51% or more interest in the applicant firm.

(Complete either Section A, B, or C according to your type of organization)

Section II. Required Documents by form of Legal Organization

A. Corporation

☐ 1. Prior three-year's Federal Corporate Tax returns including all schedules.

☐ 2. Resumes of principal of your company showing education, training, and employment with dates.

☐ 3. Minutes of first corporate organizational meeting and minutes of last two board meetings.

☐ 4. Articles of Incorporation/Charter and Amendments (copies).

☐ 5. Certificate of Existence.

☐ 6. Copies of all stock certificates issued (front and back) and stock ledger.

☐ 7. Corporate By-Laws.

☐ 8. Proof of Capital/Equity Invested (canceled checks, receipts).

☐ 9. Copies of third party agreements, such as rental or management service agreements (if applicable).

☐ 10. If a "Foreign Corporation," a copy of authorization to do business in Tennessee.

☐ 11. Corporate resolution for all bank accounts.

☐ 12. Equipment List.

☐ 13. Other _____

B. Partnership

- ☐ 1. Prior three (3) years Federal Partnership Tax returns, including all schedules.
- ☐ 2. Resumes of all partners showing education, training, and employment with dates.
- ☐ 3. Partnership Agreement.
- ☐ 4. Buy-out rights agreement.
- ☐ 5. Profit Sharing agreement.
- ☐ 6. Proof of capital/equity invested.
- ☐ 7. Equipment List.
- ☐ 8. Partnership bank signature card or Partnership bank resolution.
- ☐ 9. Other _____

C. Sole Proprietor

- ☐ 1. Prior three (3) year's Federal Sole Proprietorship Tax returns, including all schedules.
- ☐ 2. Resumes: sole proprietor, superintendents, foreman, and/or supervisor.
(Listing education, training, and employment with dates).
- ☐ 3. Equipment rental and purchase agreements.
- ☐ 4. Management service agreements.
- ☐ 5. Proof of capital/equity invested.
- ☐ 6. Equipment List.
- ☐ 7. Sole Proprietorship Bank Resolution or Bank Signature Card.
- ☐ 8. Copies of all MBE, WBE, and/or DBE certifications if available.
- ☐ 9. Other _____

D. Limited Liability Company

- ☐ 1. Prior three years Federal Partnership Tax returns including all schedules (include same information for affiliate firms).
- ☐ 2. Resumes of principals of your company showing education, training, and employment with dates.
- ☐ 3. Minutes of first LLC organizational meeting.
- ☐ 4. Minutes of last two member or board meetings.
- ☐ 5. Articles of Organization and amendments (copies).
- ☐ 6. Certificate of Existence or Good Standing with the State.
- ☐ 7. Certificate of Membership evidencing financial interest in LLC.
- ☐ 8. Operating Agreement.
- ☐ 9. Proof of Capital Invested (cancelled checks, receipts, stock).
- ☐ 10. Copies of third party agreements, such as rental/lease or management service agreements (if applicable).
- ☐ 11. If a "Foreign Corporation", copy of authority to do business in Tennessee.
- ☐ 12. Corporate resolution for all bank accounts or (bank signature card(s)).
- ☐ 13. Equipment List.
- ☐ 14. Copies of MBE/WBE/DBE Certificates (if applicable).
- ☐ 15. Other _____



UNIFORM CERTIFICATION AGENCY

Applicants seeking contracting opportunities with a federal agency or on a federally funded project must submit the following attachments.

- a. Statement of Social and Economic Disadvantage
- b. Personal Net Worth Statement
- c. Prior three (3) years US Individual Tax Returns of the 51% or greater owner.
- d. Non-DBE Affidavit (If you do not wish to participate on federally funded projects).

STATEMENT OF SOCIAL AND ECONOMIC DISADVANTAGE

49 CFR 26.67 (a)

Presumption of disadvantage: (1) Citizens of the United States (or lawfully admitted permanent residents) who are women, Black Americans, Hispanic Americans, Native Americans, Asian Pacific Americans, Subcontinent Asian Americans, or other minorities are rebuttably presumed and/or found to be disadvantaged by the SBA, are socially and economically disadvantaged individuals.

Appendix E to Part 26 (see also 13 CFR 124.103 (c) and 124.104)

Social Disadvantage

Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias within American society because of their identities as members of groups and without regard to their individual qualities. Social disadvantage must stem from circumstances beyond their control.

Economic Disadvantage

Economically disadvantaged individuals are socially disadvantaged individuals whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially disadvantaged.

I, _____ have personally suffered social disadvantage based on my identification as _____.

I, _____, certify that because of racial and/or ethnic prejudice, and/or cultural bias, my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially disadvantaged.

(Seal)

Signature of Applicant

Date

Printed Name

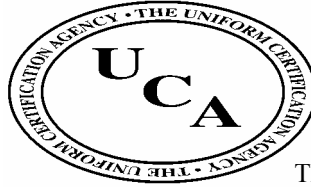
This _____ Day of _____, 20 _____

Notary Public

My Commission Expires _____

- The Social and Economic Statement must be notarized -

UNIFORM CERTIFICATION AGENCY



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PERSONAL NET WORTH STATEMENT

As of _____, 20 ____

Complete this form for: each socially disadvantaged individual proprietor, partner (combined or individually) owning 51% or more interest in the firm, or each stockholder (combined or individually) owning 51% or more of the voting stock of the firm.

Name: _____ Business Phone: _____

Residence Address: _____ Residence Phone: _____

City, State, & Zip Code: _____

Business Name: _____

<u>ASSETS (Omit Cents)</u>		<u>LIABILITIES (Omit Cents)</u>	
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others (Describe in Section 5)	\$ _____
IRA or Other Retirement Account	\$ _____	Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Installment Account (Other)	\$ _____
Life Insurance (Cash Surrender Value Only - Describe in Section 1)	\$ _____	Loan on Life Insurance	\$ _____
Stocks and Bonds (Do not include value of ownership in the applicant to certified firm - Describe in Section 2)	\$ _____	Mortgages on Real Estate (Exclude Primary Residence - Describe in Section 3)	\$ _____
Real Estate (Do not include value of Primary Residence - Describe in Section 3)	\$ _____	Unpaid Taxes (Describe in Section 6)	\$ _____
Automobile - Present Value	\$ _____	Other Liabilities (Describe in Section 7)	\$ _____
Other Personal Property (Describe in Section 4)	\$ _____	Total Liabilities	\$ _____
Other Assets (Describe in Section 4)	\$ _____	Net Worth (Total Assets Minus Total Liabilities)	\$ _____
Total	\$ _____		

Source of Income	Contingent Liabilities
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Salary	\$ _____	As Endorser of Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgements	\$ _____
Real Estate Income	\$ _____	Provision of Federal Income Tax	\$ _____
Other Income	\$ _____	Other Special Debt	\$ _____

UNIFORM CERTIFICATION AGENCY



PERSONAL NET WORTH STATEMENT

Section 1. – Life Insurance Held (Give face amount and cash surrender value of policies –name of insurance company and beneficiaries)

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Section 2. – Stocks and Bonds (Do not include the value of ownership in the applicant or certified firm).

Number of Shares	Name of Security	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 3 – Real Estate (List each parcel separately. Use attachment if necessary. Each attachment must be identified as part of this statement and signed.)

	Property (Primary Residence)	Property B	Property C
Type of Property			
Address			
Date of Purchase			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 4 – Other Personal Property and Assets

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UNIFORM CERTIFICATION AGENCY



PERSONAL NET WORTH STATEMENT

Section 5. – Notes Payable to Banks and Others (Use attachment if necessary. Each attachment must be identified as part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 6 – Unpaid Taxes

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Section 7 – Other Liabilities

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I hereby swear under penalty of law that all statements made in this Personal Net Worth Statement are true.

I authorize the UCA to make inquiries regarding the information provided in this Personal Net Worth Statement as necessary to determine if I am an eligible socially disadvantaged individual/owner of the applicant or certified firm (see 49 CFR 26.67).

I agree to hold the certifying agency harmless for any claim arising out of this Personal Net Worth Statement and I agree to indemnify the agency for any liability in connection with the certification of the applicant.

(Seal)

Signature of Applicant

Date

Printed Name

This _____ Day of _____, 20 _____

Notary Public

My Commission Expires _____

- The Personal Net Worth Statement must be notarized -

UNIFORM CERTIFICATION AGENCY



PERSONAL NET WORTH STATEMENT

NON-DBE AFFIDAVIT

(Note: The Non-DBE Affidavit should be completed if you do not wish to submit the personal net worth statement, the socially and economically disadvantaged statement and the personal tax returns.)

I, _____, of _____, do not wish to participate on federally funded projects. Therefore, I do not wish to seek certification as a Disadvantaged Business Enterprise (DBE). I acknowledge that by signing and notarizing this affidavit that my company will not be eligible to participate on federally funded projects with entities such as the Local Airport Authority and the Local Area Transit Authority.

I agree to hold the certifying agency harmless for any claim arising out of this Statement and I agree to Indemnify the agency for any liability in connection with the certification of the applicant.

(Seal)

Signature of Applicant

Date

Printed Name

This _____ Day of _____, 20 _____

Notary Public

My Commission Expires _____

- This Statement must be notarized -

IX. Read the following paragraphs carefully!

Your signature on this application indicates acceptance and understanding of the following conditions.

- A. Omission of information may be cause for this application not receiving timely and complete consideration.
- B. Applicant agrees to allow the certifying agency representative (s) access to and the right to a site visit of the applicant's place of business.
- C. The certifying agency reserves the right to request further information from the applicant prior to certification.
- D. Applicant agrees to immediately notify the certifying agency of all facts that would result in a failure to satisfy the requirements contained in the guidelines.
- E. Certification may be terminated at any time for good cause by the certifying agency in accordance with the guidelines established by the agency from time to time or for the best interests of the agency.
- F. All information in this application is true and accurate and is submitted for consideration of this certification.
- G. If the certifying agency discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately, and the application will be subject to legal prosecution. In addition, reapplication for certification, under these circumstances, will be restricted.
- H. All materials submitted with this package shall only be released to the majority owner upon written request and the presentation of picture identification.
- I. If the application is awarded certification, the applicant agrees to abide by all rules governing their status as may be determined by the agency from time to time.
- J. In the event of an appeal is filed by the applicant, authorization to reproduce and forward all documentation submitted by applicant to the Uniform Certification Agency is hereby granted for consideration by the appeals reviewing agency. Evidence of this consent is indicated by applicant's notarized signature, which appears below.

The undersigned hereby swears under penalty of law that all statements made in this application are true.

The undersigned agrees to hold the certifying agency harmless for any claim arising out of this application and use by corporate and governmental agencies and agrees to indemnify the agency for any liability in connection with the certification of the applicant.

Business Name

Signature of proprietor, all partners or president of corporation.

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

(Seal)

Signature of Applicant Date

Printed Name

This _____ Day of _____, 20 _____

Notary Public

My Commission Expires _____

- Application Must Be Notarized -



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